



Oilfield operations/rig moving supplemental application

***to accompany the DUAL Specialized Transport Supplemental*

Named insured:

Insured email address **(required to rate):*

FEIN # *(required to rate):*

Physical address:

Agency name

Agency representative

Agency phone number

Agent email address

Oilfield operations and rig moving activities

The applicant engages in hauling of oilfield equipment, please provide a narrative on the type of equipment and indicate further details on the list below.

Oilfield equipment types, please provide details:

Does the equipment require hazmat placard?	Yes	No
If yes, provide list of hazmat placard(s):		
Are pre-move meetings conducted, and do you attend?	Yes	No
Is there a site supervisor and/or safety personnel at each move?	Yes	No
Do you complete an inspection form for each truck, trailer, crane and other equipment prior to move?	Yes	No
For rig or derrick moves:		
Do the rig pushers perform all rig and derrick connects and disconnect?	Yes	No
Do the rig pushers disconnect all hydraulic hoses and electrical lines?	Yes	No
Are hoses and lines adequately secured with tie downs?	Yes	No

Does rig company provide dollies for the crown, check tires & lights?	Yes	No
Do you have a dedicated swamper for each load?	Yes	No
Does the swamper check each load for securement before moving?	Yes	No
Is a third party wash crew provided to spray each load prior to leaving the site?	Yes	No
Do you perform well cleaning or drilling, coiled or wireline tubing, roustabout, site construction or other oilfield related services?	Yes	No
If yes, please explain:		
Do you provide the crane services related to each move?	Yes	No
If yes, number of operators:		
Revenue \$'s:		
Payroll \$'s:		
Are operators NCCO certified?		
Are swampers and other equipment operators certified?		
Do you use forklifts and if so, are all the operators qualified and certified?	Yes	No
Do you use dirt machines (i.e. dozers)?	Yes	No
If so, are they only used to move the equipment?		
If not used to move equipment, explain use:		
Do you perform tandem lifts?	Yes	No
Are subcontractors used?	Yes	No
If yes, explain:		
Are you required to provide underground resource coverage?	Yes	No

Attention

1. The applicant warrants that the above statements and particulars, together with any attached or Appended documents or materials (“this application”), are true and complete and do not Misrepresent, misstate or omit any material facts.
2. The applicant understands that the company relied upon the information contained within this Application to determine acceptability, rates and coverage.
3. The applicant understands that any misrepresentation or omission shall constitute grounds for Rescission of coverage and denial of claims, or, at the option of the company, the assessment of Additional premium charges. The applicant represents and warrants to the company that, if a policy is issued to the applicant, the applicant will cooperate with the company in connection with any Inspection, premium audit and in all other respects as required under the policy.
4. The applicant understands the company is not obligated nor under any duty to issue a policy of Insurance based upon this application. The applicant further understands that, if a policy is issued, This application will be incorporated into and form a part of such policy.
5. If the applicant becomes aware that any response on this application is inaccurate as a result of Information or change of circumstances before a policy is issued, the applicant must inform the Immediate cancellation.
6. The applicant authorizes the company to make any investigation and inquiry in connection with the Application as it may deem necessary.

The undersigned, being authorized by and acting on behalf of the prospective insureds, represents that the answers given are true. Failure to provide truthful answers and all material information can result in the company electing to cancel, reform and/or rescind the policy. (“applicant”, “you”, “your” and similar words refer to the prospective insured)

The terms, conditions and exclusions contained in policies issued by the company vary significantly from those contained in many other liability insurance policies. The policy form issued by the company provides coverage that may be more limited than that available under the “iso” insurance policy or similar types of policies. You should carefully review the entire policy with your agent, legal counsel or other insurance professional to make sure that you understand the coverage it provides, and your rights and obligations under the policy.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Signature of applicant :	<input type="text"/>	Date	<input type="text"/>
Title (Officer, Manager, Partner, Owner)	<input type="text"/>		
Signature of broker	<input type="text"/>	Date	<input type="text"/>

**As an associated party to DUAL Specialty Construction & Transport, you will be notified via e-mail about products or services that may be of interest to you. To opt-out from these program updates, please go to Dualinsurance.com, then Contact Us, and select Opt-Out Request.*

Fraud warnings

Notice: any person who, knowingly or with intent to defraud or to facilitate a fraud against any insurance company or other person, submits an application or files a claim for insurance containing false, deceptive or misleading information may be guilty of insurance fraud.

Arkansas, Louisiana and New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

District Of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who, knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefit

New Jersey: Any person who includes any false or misleading information on an application for an insurance

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud

Oklahoma: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties

Puerto Rico: Any person who knowingly and with the intent to defraud presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars

Fraud warnings

Tennessee, Virginia & Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value